Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Column 2)		TYPE			OR	SMALL ENTITY	
TOTAL OLAINO			19		* 44 4 7 7 7		RATE		EE	4	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC F	EE 35	55.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			1 9 minus 20= *				X\$ 9:	-		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =				X40=			OR	X80=	
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				+135=	-	-	OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTA			OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
_		(Column 1)	(Column 2)			(Column 3)	SMAL	L ENT	TITY	OR	SMALL	ENTITY
AMENDMENT A	A STATE OF STATE	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	:		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			OR	X80=	
L	FIRST PRESE	ENTATION OF MI	JETIPLE DEF	PENDENT	CLAIM		+135=			OR	+270=	
								\L :c		OR	TOTAL ADDIT. FEE	
		ADDIT. FE				10011.122						
AMENDMENT B	** *** *******************************	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	X40=			ŀ	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM			+		OR		
							+135=			OR	+270=	
		TOTA ADDIT. FE			OR ,	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	*** .		=	X40=			OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁╌				
	f the embracion and o	+135= TOTA			OR	+270=						
**	<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul>									OR ,	TOTAL ADDIT. FEE	
		mber Previously Paid ber Previously Paid					ADDIT. FE		ate box	in colu	ımn 1.	